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FEE TRANSMITTAL FOR FY 2009  X Applicant claims small entity status. See 37 CFR 1.27  At Unit  At Unit At Unit At Unit  Charge free (s)  First Named Inventor  At Unit  At Uni		Effective on 12/08	Complete if Known						
First Named Inventor	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nu	mber	<del>  '</del>			
First Named Inventor	FEE	ETRANS	Filing Date	]	December 16, 2005				
Applicant claims small entity status. See 37 CFR 1.27				First Named In	ventor	,			
METHOD OF PAYMENT (check all that apply)	F0FF1 2009			Examiner Name	e /	Ali Soroush			
Check   X   Credit   Check all that apply	X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1616					
Check   x   Credit   Card   Money Order   None   Other (please identify):	TOTAL AMOUNT OF PAYMENT (\$) 245.00		Attorney Docket No. H0817.70001			JS00			
Deposit Account   Deposit Account Number   23/2825   Deposit Account Name   Wolf, Greenfield & Sacks, P.C.	METHOD OF	PAYMENT (check	all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee									
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) under 37 CFR 1.16 and 1.17								,	
X   Charge any additional fee(s) or underpayments of tee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit any overpayments   X   Credit any overpayments   X   Credit and the provisional   X   Credit and tension   X   Cred									
Search   S	X Charge any additional fee(s) or underpayments of X Credit any overpayments								
Paper	( )								
Separation Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Papelication Type   Fee (\$)   Fee									
Utility	Application T	vpe Fee (9					Fees I	Paid (\$)	
Plant   220   110   100   50   140   70							10001	<del>σ.σ. (φ)</del>	
Plant	•								
Reissue									
Provisional   220   110   0   0   0   0   0   0   0   0									
Part									
Fee Description  Each claim over 20 (including Reissues)  Each lindependent claim over 3 (including Reissues)  Multiple dependent claim over 3 (including Reissues)  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)			110 0	U	U	U		Curall Entity	
Each claim over 20 (including Reissues)  Each claim over 3 (including Reissues)  Each claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)	Foo (\$) Foo (\$)								
Each independent claims over 3 (including Reissues)  Multiple dependent claims    Total Claims								26	
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims		, ,							
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    - or HP =                        HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    - 100 =									
HP = highest number of total claims paid for, if greater than 20.    Indep. Claims	Total Claims	Extra Claim	s <u>Fee (\$)</u> F	ee Paid (\$)	<u>M</u>	ultiple Depende	ent Claims	i	
Indep. Claims    Extra Claims   Fee (\$)   Fee Paid (\$)					<u>Fe</u>	<u>e (\$)</u>	Fee Paid (	<u>s)</u>	
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A. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2252 Extension for response within second month 245.00  SUBMITTED BY  Signature /C. Hunter Baker/ Registration No. (Attorney/Agent) 46,533 Telephone 617.646.8000	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)								
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Name (Print Type)   C. Hunter Baker, M.D., Ph.D.					(rationicy) rigenty				
	Name (Print/Type)	C. Hunter Baker,	IVI.U., Pn.U.			Date	June /,	2010	

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 7, 2010 Electronic Signature for Trish McDonald: /Trish McDonald/